Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	09/03/2014	Address:	1700 Wallace Ave	
Case #:	2014-8703		Terre Haute, IN	
County:	Vigo	47802		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Residenc Outbuildi Vehicle		
<u>Items Found: Location (bedroom, kitchen, open air, etc)</u> (check all that apply)				
	mmonia Reaction(s):	open air		
Red Phosphorus/Iodine Reaction(s):				
	Flammable Solvents: open air			
Water Read ■	er Reactive Metal (Lithium): open air			
Anhydrous Ammonia:				
Hydrochloric Acid Gas generator(s):				
Corrosive Acid:				
Corrosive Base:				
Other (item	and location):			
<u>Child under age 18 discovered (check one)</u> <u>Investigative Information</u>				
☐ Yes (number present) ☑ No * If yes, fax report to Child Protective Services			☐ Ephedrine/Pseudoephedrine Tracking log☐ Retail/Merchant Tip☐ Other:	
This report is to be faxed to the following agencies that serve the location:				
Fire Departmen		Fax: (812) 234-0924		
Health Departm		Fax: (812) 234-1010		
Child Protective	e Service:	Fax: (812) 234-1802		
For further information regarding this methamphetamine laboratory, contact:				
Investigating Officer: M. Dooley Jr. Phone: 812-244-2697				

This form is to be faxed to the Fire Department, Health Department, and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team leader for retention.